

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Oregon Republican Party

ADDRESS (number and street)

Post Office Box 789

☐Check if different  
than previously  
reported. (ACC)

Salem

OR

97308

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00153031

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

02

01

2005

through

02

28

2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Charles S. Oakes

Signature of Treasurer

Electronically Filed by Charles S. Oakes

Date

12

17

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Oregon Republican Party

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	5

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2005</span>		42748.71
(b) Cash on Hand at Beginning of Reporting Period .....	67102.13	
(c) Total Receipts (from Line 19) .....	52425.63	102286.62
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	119527.76	145035.33
7. Total Disbursements (from Line 31) .....	57603.44	83111.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	61924.32	61924.32
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	76679.16	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name  
Oregon Republican Party

Report Covering the Period:

From:

M M D D Y Y W Y  
0 2 0 1 2 0 0 5

To:

M M D D Y Y W Y  
0 2 2 8 2 0 0 5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	2800.00	3560.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	28925.00	47564.83
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	31725.00	51124.83
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	31725.00	51124.83
12. Transfers From Affiliated/Other Party Committees .....	0.00	17461.16
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	20700.63	33700.63
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	20700.63	33700.63
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	52425.63	102286.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	31725.00	68585.99

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	2331.59	4302.27
(ii) Non-Federal Share.....	13179.35	23241.01
(b) Other Federal Operating Expenditures.....	17101.35	20348.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	32612.29	47891.38
22. Transfers to Affiliated/Other Party Committees.....	10000.00	10000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	14991.15	25219.63
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	14991.15	25219.63
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	57603.44	83111.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	44424.09	59870.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	31725.00	51124.83
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31725.00	51124.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	19432.94	24650.37
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	19432.94	24650.37

**SCHEDULE L (FEC Form 3X)**

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**AGGREGATION PAGE: LEVIN FUNDS**

Transaction ID: SL1

NAME OF COMMITTEE (In Full) Oregon Republican Party		
NAME OF ACCOUNT KEY LEVIN		

  

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
a. Itemized..... (Use Schedule L-A)	0.00	0.00
b. Unitemized.....	0.00	0.00
c. Total.....	0.00	0.00
2. OTHER RECEIPTS.....	0.00	0.00
3. TOTAL RECEIPTS..... (Add Lines 1c and 2)	0.00	0.00
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
a. Voter Registration.....	0.00	0.00
b. Voter ID.....	0.00	0.00
c. GOTV.....	0.00	0.00
d. Generic Campaign.....	0.00	0.00
e. Total.....	0.00	0.00
5. OTHER DISBURSEMENTS.....	10.75	42.25
6. TOTAL DISBURSEMENTS..... (Add Lines 4e and 5)	10.75	42.25
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)	978.50	1010.00
8. RECEIPTS..... (from Line 3)	0.00	0.00
9. SUBTOTAL..... (Add Lines 7 and 8)	978.50	1010.00
10. DISBURSEMENTS..... (From Line 6)	10.75	42.25
11. ENDING CASH ON HAND..... (Subtract Line 10 From Line 9)	967.75	967.75

**SCHEDULE L-B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS  
OF LEVIN FUNDS**Use separate schedule(s)  
for each category of the  
Aggregation PageFOR LINE NUMBER:  
(check only one)

PAGE 7 / 32

<input type="checkbox"/>	4a	<input type="checkbox"/>	4c	<input checked="" type="checkbox"/>	5
<input type="checkbox"/>	4b	<input type="checkbox"/>	4d		

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Oregon Republican Party

A.

Full Name (Last, First, Middle Initial) / Full Organization Name

Key Bank\*\*

Mailing Address 1500 Edgewater St NW

City	State	Zip Code
Salem	OR	97304

Purpose of Disbursement  
Bank Fee

Transaction ID: 4B80930.E14399

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	0	5

Amount of Each Disbursement this Period

10.75
-------

Account: 8

SUBTOTAL of Disbursements This Page (optional) .....

10.75

TOTAL This Period (last page this line number only) .....

10.75

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

**A.**

Full Name (Last, First, Middle Initial)

John Bryan

Mailing Address PO Box 1929

City

Lake Oswego

State

OR

Zip Code

97035-0019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 2 / 2 0 0 5

Transaction ID: 80930.C81009

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Knute Buehler

Mailing Address 1122 NW Foxwood Pl

City

Bend

State

OR

Zip Code

97701-8606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopedic Center for the  
Casc

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 3 / 2 0 0 5

Transaction ID: 80930.C81116

Amount of Each Receipt this Period

250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Robert DeArmond

Mailing Address PO Box 3517

City

Central Point

State

OR

Zip Code

97502-0019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 0 / 2 0 0 5

Transaction ID: 80930.C81476

Amount of Each Receipt this Period

500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

**A.**

Full Name (Last, First, Middle Initial)

J. Michael Maginnis

Mailing Address 3927 NW Fall Creek Pl

City

Portland

State

OR

Zip Code

97229-0934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 0 5

Transaction ID: 80930.C81071

Amount of Each Receipt this Period

250.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Terri Mersereau

Mailing Address PO Box 2727

City

Seaside

State

OR

Zip Code

97138-2727

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 1 / 2 0 0 5

Transaction ID: 80930.C80846

Amount of Each Receipt this Period

250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Catherine Spillman

Mailing Address 27565 Cox Butte Rd.

City

Junction City

State

OR

Zip Code

97448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 4 / 2 0 0 5

Transaction ID: 80930.C81520

Amount of Each Receipt this Period

300.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Robert L. Terry

Mailing Address 9650 SW Hardebeck Rd

City

Gaston

State

OR

Zip Code

97119-9017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 7 / 2 0 0 5

Transaction ID: 80930.C81265

Amount of Each Receipt this Period

250.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Donna Woolley

Mailing Address PO Box 43

City

Drain

State

OR

Zip Code

97435-0043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eagles View Management

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 0 5

Transaction ID: 80930.C96908

Amount of Each Receipt this Period

500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

2800.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 32

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Leisha Adams

Mailing Address 300 S Everest Rd Unit 39

City Newberg State OR Zip Code 97132-2171

Purpose of Disbursement  
Travel OGOP

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80930.E11354

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2005

Amount of Each Disbursement this Period

37.00

TRAVEL OGOP

**B.**

Full Name (Last, First, Middle Initial)  
Michelle Ashenfelter

Mailing Address 2012 NE 15th

City Portland State OR Zip Code 97212-

Purpose of Disbursement  
Travel OGOP

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80930.E11362

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2005

Amount of Each Disbursement this Period

2092.50

TRAVEL OGOP

**C.**

Full Name (Last, First, Middle Initial)  
Direct Mail Systems, Inc

Mailing Address 12450 Automobile Boulevard

City Clearwater State FL Zip Code 34622-

Purpose of Disbursement  
List Management Service OGOP

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80930.E11390

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2005

Amount of Each Disbursement this Period

500.00

LIST MANAGEMENT SERVICE  
OGOP

**SUBTOTAL** of Disbursements This Page (optional) .....

2629.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 32

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Direct Mail Systems, Inc	<b>Transaction ID:</b> 80930.E11391																				
Mailing Address 12450 Automobile Boulevard	Date of Disbursement																				
City Clearwater State FL Zip Code 34622-	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	6		2	0	0	5												
Purpose of Disbursement List Management Service OGOP	Amount of Each Disbursement this Period																				
Candidate Name	<table border="1"> <tr> <td>4</td><td>2</td><td>1</td><td>5</td><td>.</td><td>8</td><td>4</td> </tr> </table>	4	2	1	5	.	8	4													
4	2	1	5	.	8	4															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	LIST MANAGEMENT SERVICE OGOP																				
State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) Stuart Ferguson	<b>Transaction ID:</b> 80930.E11447																				
Mailing Address 2588 Ridgemont Drive	Date of Disbursement																				
City Eugene State OR Zip Code 97405-	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	0	5												
Purpose of Disbursement Travel OGOP	Amount of Each Disbursement this Period																				
Candidate Name	<table border="1"> <tr> <td>4</td><td>2</td><td>2</td><td>.</td><td>6</td><td>7</td> </tr> </table>	4	2	2	.	6	7														
4	2	2	.	6	7																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	TRAVEL OGOP																				
State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) FLS Connect	<b>Transaction ID:</b> 80930.E11393																				
Mailing Address 7320 N Dreamy Draw Dr	Date of Disbursement																				
City Phoenix State AZ Zip Code 85020-5212	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	0	5												
Purpose of Disbursement Fundraising Phone Calls OGOP	Amount of Each Disbursement this Period																				
Candidate Name	<table border="1"> <tr> <td>6</td><td>0</td><td>2</td><td>.</td><td>6</td><td>0</td> </tr> </table>	6	0	2	.	6	0														
6	0	2	.	6	0																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	FUNDRAISING PHONE CALLS OGOP																				
State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**5241.11**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 32

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) FLS Connect	<b>Transaction ID:</b> 80930.E11394 <b>Date of Disbursement</b>																				
Mailing Address 7320 N Dreamy Draw Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	6		2	0	0	5												
City Phoenix State AZ Zip Code 85020-5212	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Fundraising Phone Calls OGOP Candidate Name	<table border="1"> <tr> <td colspan="10">800.40</td> </tr> </table>	800.40																			
800.40																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
FUNDRAISING PHONE CALLS OGOP																					
<b>B.</b> Full Name (Last, First, Middle Initial) Amy Langdon	<b>Transaction ID:</b> 80930.E11366 <b>Date of Disbursement</b>																				
Mailing Address 2830 Foxhaven Dr SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	0	5												
City Salem State OR Zip Code 97306-2526	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Travel OGOP Candidate Name	<table border="1"> <tr> <td colspan="10">1209.67</td> </tr> </table>	1209.67																			
1209.67																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
TRAVEL OGOP																					
<b>C.</b> Full Name (Last, First, Middle Initial) Amy Langdon	<b>Transaction ID:</b> 80930.E11368 <b>Date of Disbursement</b>																				
Mailing Address 2830 Foxhaven Dr SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	6		2	0	0	5												
City Salem State OR Zip Code 97306-2526	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Registration Fee OGOP Candidate Name	<table border="1"> <tr> <td colspan="10">1410.00</td> </tr> </table>	1410.00																			
1410.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
REGISTRATION FEE OGOP																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**3420.07**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
LifeWise

Mailing Address 815 SW Bond St

City State Zip Code  
Bend OR 97702-

Purpose of Disbursement  
Insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80930.E11408

Date of Disbursement

/   /

Amount of Each Disbursement this Period

572.20

INSURANCE

**B.**

Full Name (Last, First, Middle Initial)  
Kevin Mannix

Mailing Address 375 18th St NE

City State Zip Code  
Salem OR 97301-4307

Purpose of Disbursement  
Travel OGOP

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80930.E11404

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2050.98

TRAVEL OGOP

**C.**

Full Name (Last, First, Middle Initial)  
U.S. Postmaster

Mailing Address 410 Mill St SE

City State Zip Code  
Salem OR 97301-

Purpose of Disbursement  
Postage OGOP

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80930.E11396

Date of Disbursement

/   /

Amount of Each Disbursement this Period

625.00

POSTAGE OGOP

**SUBTOTAL** of Disbursements This Page (optional) .....

3248.18

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 32

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
U.S. Postmaster

Mailing Address 410 Mill St SE

City Salem State OR Zip Code 97301-

Purpose of Disbursement  
Postage OGOP

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80930.E11397

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

POSTAGE OGOP

**B.**

Full Name (Last, First, Middle Initial)  
Solomon Yue

Mailing Address 265 50th Ave NW

City Salem State OR Zip Code 97304-3221

Purpose of Disbursement  
Travel OGOP

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80930.E11409

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2062.49

TRAVEL OGOP

**SUBTOTAL** of Disbursements This Page (optional) .....

2562.49

**TOTAL** This Period (last page this line number only) .....

17101.35

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)

Republican National Committee

Mailing Address 310 First St SE

City  
Washington

State  
DC

Zip Code  
20003-

Purpose of Disbursement  
TRANSFER TO AFFIL.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80930.E11402

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10000.00

SUBTOTAL of Disbursements This Page (optional) .....

10000.00

TOTAL This Period (last page this line number only) .....

10000.00



	21b		22		23		24		25		26
	27		28a		28b		28c		29	x	30b

NAME OF COMMITTEE (In Full)  
Oregon Republican Party

Full Name (Last, First, Middle Initial)  
Leisha Adams

Mailing Address 300 S Everest Rd Unit 39

Date of Disbursement

MM / DD / YYYY

City	State	Zip Code
Newberg	OR	97132-2171

Amount of Each Disbursement this Period

774.52

Purpose of Disbursement	FEA payroll
-------------------------	-------------

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

FEA PAYROLL

State:  District:

Full Name (Last, First, Middle Initial)  
Leisha Adams

Mailing Address 300 S Everest Rd Unit 39

Date of Disbursement

MM / DD / YYYY

City	State	Zip Code
Newberg	OR	97132-2171

Amount of Each Disbursement this Period

774.52

Purpose of Disbursement	FEA payroll
-------------------------	-------------

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

FEA PAYROLL

State:  District:

Full Name (Last, First, Middle Initial)  
Michelle Ashenfelter

Mailing Address 2012 NE 15th

Date of Disbursement

MM / DD / YYYY

City	State	Zip Code
Portland	OR	97212-

Amount of Each Disbursement this Period

1541.88

Purpose of Disbursement	FEA payroll
-------------------------	-------------

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

FEA PAYROLL

State:  District:

**SUBTOTAL** of Disbursements This Page (optional) .....

**3090.92**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Michelle Ashenfelter

Mailing Address 2012 NE 15th

City Portland State OR Zip Code 97212-

Purpose of Disbursement  
FEA Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80930.E11361

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2005

Amount of Each Disbursement this Period

1213.45

FEA PAYROLL

**B.**

Full Name (Last, First, Middle Initial)  
Michelle Ashenfelter

Mailing Address 2012 NE 15th

City Portland State OR Zip Code 97212-

Purpose of Disbursement  
FEA payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80930.E11363

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2005

Amount of Each Disbursement this Period

1541.88

FEA PAYROLL

**C.**

Full Name (Last, First, Middle Initial)  
Key Bank\*\*

Mailing Address 1500 Edgewater St NW

City Salem State OR Zip Code 97304-

Purpose of Disbursement  
FEA payroll taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80930.E11374

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2005

Amount of Each Disbursement this Period

1620.96

FEA PAYROLL TAXES

**SUBTOTAL** of Disbursements This Page (optional) .....

4376.29

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 32

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Key Bank\*\*

Mailing Address 1500 Edgewater St NW

City State Zip Code  
Salem OR 97304-

Purpose of Disbursement  
FEA payroll taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80930.E11375

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2552.04

FEA PAYROLL TAXES

**B.**

Full Name (Last, First, Middle Initial)  
Amy Langdon

Mailing Address 2830 Foxhaven Dr SE

City State Zip Code  
Salem OR 97306-2526

Purpose of Disbursement  
FEA payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80930.E11365

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2046.95

FEA PAYROLL

**C.**

Full Name (Last, First, Middle Initial)  
Amy Langdon

Mailing Address 2830 Foxhaven Dr SE

City State Zip Code  
Salem OR 97306-2526

Purpose of Disbursement  
FEA payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80930.E11367

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2046.95

FEA PAYROLL

**SUBTOTAL** of Disbursements This Page (optional) .....

6645.94

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Oregon Department of Revenue

Mailing Address P.O. Box 14800

City Salem State OR Zip Code 97309-0920

Purpose of Disbursement  
FEA payroll taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80930.E14596

Date of Disbursement

/   /

Amount of Each Disbursement this Period

439.00

FEA PAYROLL TAXES

**B.**

Full Name (Last, First, Middle Initial)  
Oregon Department of Revenue

Mailing Address P.O. Box 14800

City Salem State OR Zip Code 97309-0920

Purpose of Disbursement  
FEA payroll taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80930.E14597

Date of Disbursement

/   /

Amount of Each Disbursement this Period

439.00

FEA PAYROLL TAXES

**SUBTOTAL** of Disbursements This Page (optional) .....

878.00

**TOTAL** This Period (last page this line number only) .....

14991.15

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 21 / 32

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Oregon Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Coos County ClerkNature of Debt (Purpose):  
List Rental OGOP

Mailing Address 250 N Baxter

City State ZIP Code  
Coquille OR 97423-1899

Outstanding Balance Beginning This Period

8.26

Transaction ID: LS80930.E11450

Amount Incurred This Period

0.00

Payment This Period

8.26

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FLS ConnectNature of Debt (Purpose):  
Fundraising Phone Calls  
OGOP

Mailing Address 7320 N Dreamy Draw Dr

City State ZIP Code  
Phoenix AZ 85020-5212

Outstanding Balance Beginning This Period

6553.70

Transaction ID: LS80930.E11393

Amount Incurred This Period

0.00

Payment This Period

1403.00

Outstanding Balance at Close of This Period

5150.70

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Direct Mail Systems, IncNature of Debt (Purpose):  
List Management Service  
OGOP

Mailing Address 12450 Automobile Boulevard

City State ZIP Code  
Clearwater FL 34622-

Outstanding Balance Beginning This Period

4715.84

Transaction ID: LS80930.E11390

Amount Incurred This Period

500.00

Payment This Period

4715.84

Outstanding Balance at Close of This Period

500.00

**1) SUBTOTALS** This Period This Page (optional).....

5650.70

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 22 / 32

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Oregon Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Lane County Central CommitteeNature of Debt (Purpose):  
Rent

Mailing Address PO Box 10247

City State ZIP Code  
Eugene OR 97440-2247

Outstanding Balance Beginning This Period

364.00

Transaction ID: LS80930.E11451

Amount Incurred This Period

238.50

Payment This Period

238.50

Outstanding Balance at Close of This Period

364.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Pitney Bowes Credit CorpNature of Debt (Purpose):  
Postage

Mailing Address P. O. Box 85460

City State ZIP Code  
Louisville KY 40285-5460

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS81002.E15129

Amount Incurred This Period

1085.16

Payment This Period

0.00

Outstanding Balance at Close of This Period

1085.16

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Capitol Accounting ServiceNature of Debt (Purpose):  
Compliance Consulting

Mailing Address PO Box 1304

City State ZIP Code  
Silverton OR 97381-

Outstanding Balance Beginning This Period

850.00

Transaction ID: LS80930.E11385

Amount Incurred This Period

937.50

Payment This Period

850.00

Outstanding Balance at Close of This Period

937.50

**1) SUBTOTALS** This Period This Page (optional).....

2386.66

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 23 / 32

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
Oregon Republican Party

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
DH & Associates

Nature of Debt (Purpose):  
Compliance Consulting

Mailing Address PO Box 1083

City State ZIP Code  
Salem OR 97308-

Outstanding Balance Beginning This Period

2500.00

Transaction ID: LS80930.E11388

Amount Incurred This Period

0.00

Payment This Period

2500.00

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
AT&T Wireless

Nature of Debt (Purpose):  
Phone service

Mailing Address PO Box 30459

City State ZIP Code  
Los Angeles CA 90030-

Outstanding Balance Beginning This Period

67180.90

Transaction ID: LS80930.E11336

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

67180.90

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
U.S. Postmaster

Nature of Debt (Purpose):  
Postage OGOP

Mailing Address 410 Mill St SE

City State ZIP Code  
Salem OR 97301-

Outstanding Balance Beginning This Period

625.00

Transaction ID: LS80930.E11396

Amount Incurred This Period

500.00

Payment This Period

1125.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

67180.90

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 24 / 32

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Oregon Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Connolly & GoldianNature of Debt (Purpose):  
Legal Consulting

Mailing Address PO Box 3095

City State ZIP Code  
Salem OR 97302-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS80930.E11453

Amount Incurred This Period

864.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

864.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Integra TelecomNature of Debt (Purpose):  
Phone Service

Mailing Address PO Box 34988

City State ZIP Code  
Seattle WA 98124-1988

Outstanding Balance Beginning This Period

599.10

Transaction ID: LS80930.E11407

Amount Incurred This Period

596.90

Payment This Period

599.10

Outstanding Balance at Close of This Period

596.90

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Verizon Directories CorporationNature of Debt (Purpose):  
Phone Service

Mailing Address PO Box 612727

City State ZIP Code  
San Antonio TX 78261-2727

Outstanding Balance Beginning This Period

35.00

Transaction ID: LS80930.E11400

Amount Incurred This Period

0.00

Payment This Period

35.00

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

1460.90

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 25 / 32

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
Oregon Republican Party

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Clarke Coburn Consulting

Nature of Debt (Purpose):  
Computer Support

Mailing Address 6674 Rock Crystal Ln SE

City	State	ZIP Code
Keizer	OR	97303-1825

Outstanding Balance Beginning This Period

2250.00

Transaction ID: LS80930.E11386

Amount Incurred This Period

0.00

Payment This Period

2250.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

0.00

2) **TOTALS** This Period (last page this line number only)..... ▶

76679.16

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)..... ▶

76679.16

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 26 / 32  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oregon Republican Party

NAME OF ACCOUNT

OREGON NONFED 3009  
S-Key Key Bank NonF

DATE OF RECEIPT

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	6		2	0	0	5

TOTAL AMOUNT TRANSFERRED

20700.63

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

20700.63

Transaction ID: H380930.C81576

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

20700.63

TOTAL This Period (Generic Voter Drive) .....

0.00

TOTAL This Period (Exempt Activities) .....

0.00

TOTAL This Period (Direct Fundraising) .....

0.00

TOTAL This Period (Direct Candidate Support) .....

0.00

TOTAL This Period (Public Communications Referring Only to Party) .....

0.00

TOTAL This Period (Total Amount Transferred) .....

20700.63

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 27 / 32

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oregon Republican Party

**A. Full Name (Last, First, Middle Initial)**  
 Capitol Accounting Service

Mailing Address  
 PO Box 1304

City State Zip Code  
 Silverton OR 97381-

Purpose of Disbursement:  
 Compliance Consulting

Category/  
Type

Activity or Event Identifier:  
 ADMINISTRATION B 4111

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

19395.11

Date M M / D D / Y Y Y Y  
 0 2 / 0 4 / 2 0 0 5

Transaction ID: H480930.E11385

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

127.50

722.50

850.00

**B. Full Name (Last, First, Middle Initial)**  
 Clarke Coburn Consulting

Mailing Address  
 6674 Rock Crystal Ln SE

City State Zip Code  
 Keizer OR 97303-1825

Purpose of Disbursement:  
 Computer Support

Category/  
Type

Activity or Event Identifier:  
 ADMINISTRATION B 4111

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

24180.11

Date M M / D D / Y Y Y Y  
 0 2 / 0 4 / 2 0 0 5

Transaction ID: H480930.E11386

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

337.50

1912.50

2250.00

**C. Full Name (Last, First, Middle Initial)**  
 Computer Village

Mailing Address  
 4075 76th Ave NE

City State Zip Code  
 Salem OR 97305-

Purpose of Disbursement:  
 Computer Support

Category/  
Type

Activity or Event Identifier:  
 ADMINISTRATION B 4111

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

12387.59

Date M M / D D / Y Y Y Y  
 0 2 / 0 4 / 2 0 0 5

Transaction ID: H480930.E11387

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

171.73

973.13

1144.86

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

636.73

3608.13

4244.86

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 28 / 32  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oregon Republican Party

**A. Full Name (Last, First, Middle Initial)**  
 DH & Associates

Mailing Address  
 PO Box 1083

City State Zip Code  
 Salem OR 97308-

Purpose of Disbursement:  
 Compliance Consulting

Category/Type

Activity or Event Identifier:  
 ADMINISTRATION B 4111

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

21895.11

Date M M / D D / Y Y Y Y  
 0 2 / 0 4 / 2 0 0 5

Transaction ID: H480930.E11388

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

375.00

2125.00

2500.00

**B. Full Name (Last, First, Middle Initial)**  
 Certified Property

Mailing Address  
 PO Box 269

City State Zip Code  
 Salem OR 97308-0269

Purpose of Disbursement:  
 Rent

Category/Type

Activity or Event Identifier:  
 ADMINISTRATION B 4111

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

18545.11

Date M M / D D / Y Y Y Y  
 0 2 / 0 4 / 2 0 0 5

Transaction ID: H480930.E11388

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

855.00

4845.00

5700.00

**C. Full Name (Last, First, Middle Initial)**  
 Verizon Directories Corporation

Mailing Address  
 PO Box 612727

City State Zip Code  
 San Antonio TX 78261-2727

Purpose of Disbursement:  
 Phone Service

Category/Type

Activity or Event Identifier:  
 ADMINISTRATION B 4111

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

21930.11

Date M M / D D / Y Y Y Y  
 0 2 / 0 4 / 2 0 0 5

Transaction ID: H480930.E11400

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

5.25

29.75

35.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1235.25

6999.75

8235.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 29 / 32  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oregon Republican Party

**A. Full Name (Last, First, Middle Initial)**  
 Integra Telecom

Mailing Address

PO Box 34988

City	State	Zip Code
Seattle	WA	98124-1988

Purpose of Disbursement:  
 Phone Service

Category/  
Type

Activity or Event Identifier:  
 ADMINISTRATION B 4111

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

26573.15

Date 

M	M
0	2

 / 

D	D
1	6

 / 

Y	Y	Y	Y
2	0	0	5

Transaction ID: H480930.E11407

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
89.87		509.23		599.10

**B. Full Name (Last, First, Middle Initial)**  
 June Hartley

Mailing Address

PO Box 2643 3149 Shay Way

City	State	Zip Code
Nyssa	OR	97913-0643

Purpose of Disbursement:  
 Travel

Category/  
Type

Activity or Event Identifier:  
 ADMINISTRATION B 4111

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

25735.55

Date 

M	M
0	2

 / 

D	D
1	6

 / 

Y	Y	Y	Y
2	0	0	5

Transaction ID: H480930.E11410

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
233.32		1322.12		1555.44

**C. Full Name (Last, First, Middle Initial)**  
 Key Bank\*\*

Mailing Address

1500 Edgewater St NW

City	State	Zip Code
Salem	OR	97304-

Purpose of Disbursement:  
 Bank Fee

Category/  
Type

Activity or Event Identifier:  
 ADMINISTRATION B 4111

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

26689.31

Date 

M	M
0	2

 / 

D	D
2	8

 / 

Y	Y	Y	Y
2	0	0	5

Transaction ID: H480930.E11445

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
17.42		98.74		116.16

## **SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
340.61		1930.09		2270.70

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 30 / 32  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oregon Republican Party

**A. Full Name (Last, First, Middle Initial)**

Oregon Auto Dealers

Mailing Address

PO Box 14460 777 NE Seventh Ave.

City State Zip Code

Portland OR 97293-0460

Purpose of Disbursement:  
Food/Beverage OGOPCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 4111

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

12845.11

Date M M / D D / Y Y Y Y  
0 2 / 0 4 / 2 0 0 5

Transaction ID: H480930.E11448

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

68.63

388.89

457.52

**B. Full Name (Last, First, Middle Initial)**

Lane County Central Committee

Mailing Address

PO Box 10247

City State Zip Code

Eugene OR 97440-2247

Purpose of Disbursement:  
RentCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 4111

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

25974.05

Date M M / D D / Y Y Y Y  
0 2 / 1 6 / 2 0 0 5

Transaction ID: H480930.E11451

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

35.78

202.72

238.50

**C. Full Name (Last, First, Middle Initial)**

Key Bank\*\*

Mailing Address

1500 Edgewater St NW

City State Zip Code

Salem OR 97304-

Purpose of Disbursement:  
Bank FeeCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 4111

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

26690.31

Date M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 5

Transaction ID: H480930.E14391

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

0.15

0.85

1.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

104.56

592.46

697.02

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 31 / 32  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oregon Republican Party

**A. Full Name (Last, First, Middle Initial)**  
Discover Corporate Card

Mailing Address

PO Box 30423

City State Zip Code  
Salt Lake City UT 84130-0423

Purpose of Disbursement:  
Credit Card Fee

Category/  
Type

Activity or Event Identifier:  
ADMINISTRATION B 4111

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

26701.37

Date  M  M /  D  D /  Y  Y  Y  Y  
0 2 / 2 8 / 2 0 0 5

Transaction ID: H480930.E14392

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1.66

9.40

11.06

**B. Full Name (Last, First, Middle Initial)**  
Authnet Gateway Billing

Mailing Address

293 Boston Post Rd W Ste 220

City State Zip Code  
Marlborough MA 01752-

Purpose of Disbursement:  
Credit Card Fee

Category/  
Type

Activity or Event Identifier:  
ADMINISTRATION B 4111

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

26730.16

Date  M  M /  D  D /  Y  Y  Y  Y  
0 2 / 2 8 / 2 0 0 5

Transaction ID: H480930.E14393

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1.50

8.50

10.00

**C. Full Name (Last, First, Middle Initial)**  
CTS Holdings LLC

Mailing Address

c/o Key Bank 1500 Edgewater St NW

City State Zip Code  
Salem OR 97304-

Purpose of Disbursement:  
Credit Card Fee

Category/  
Type

Activity or Event Identifier:  
ADMINISTRATION B 4111

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

26711.37

Date  M  M /  D  D /  Y  Y  Y  Y  
0 2 / 2 8 / 2 0 0 5

Transaction ID: H480930.E14394

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1.50

8.50

10.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

4.66

26.40

31.06

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 32 / 32  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oregon Republican Party

**A. Full Name (Last, First, Middle Initial)**

American Express

Mailing Address

PO Box 2878

City State Zip Code

Omaha NE 68103-

Purpose of Disbursement:  
Credit Card FeeCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 4111

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

26720.16

Date  M  M /  D  D /  Y  Y  Y  Y

Transaction ID: H480930.E14395

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1.32

7.47

8.79

**B. Full Name (Last, First, Middle Initial)**

Malheur County Clerk

Mailing Address

251 B Street W Courthouse Box 4

City State Zip Code

Vale OR 97918-

Purpose of Disbursement:  
List Rental OGOPCategory/  
TypeActivity or Event Identifier:  
GV GENERICVOTER DRIVE

## Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt☒ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

804.86

Date  M  M /  D  D /  Y  Y  Y  Y

Transaction ID: H480930.E11449

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

5.49

9.76

15.25

**C. Full Name (Last, First, Middle Initial)**

Coos County Clerk

Mailing Address

250 N Baxter

City State Zip Code

Coquille OR 97423-1899

Purpose of Disbursement:  
List Rental OGOPCategory/  
TypeActivity or Event Identifier:  
GV GENERICVOTER DRIVE

## Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt☒ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

813.12

Date  M  M /  D  D /  Y  Y  Y  Y

Transaction ID: H480930.E11450

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

2.97

5.29

8.26

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

9.78

22.52

32.30

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

2331.59

13179.35

15510.94